

## Subgrant Technical Assistance/Management Costs

\* Fields marked with an asterisk (\*) are *required*.

\* Application Title: \_\_\_\_\_  
 \* Subgrant Applicant: \_\_\_\_\_  
 \* Application Number: \_\_\_\_\_  
 \* Application Year: \_\_\_\_\_  
 \* Grant Type: \_\_\_\_\_  
 \* Address: \_\_\_\_\_

Applicant Information	
* Name of Applicant	
* State	
Congressional District	
* Type of Applicant	<input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Indian Tribal Government <input type="checkbox"/> Special Governmental District <input type="checkbox"/> Eligible Private Non-Profit <input type="checkbox"/> Other
If Eligible Private Non-Profit,  Describe the legal status, function, and facilities owned:	
State Tax Number: (e.g. 11-111111)	
Federal Tax Number: (e.g. 11-111111)	
If Other, please specify:	
* Federal Employer Identification Number (EIN). <i>If Indian Tribe, this is Tribal Identification Number.</i>	
What is your DUNS Number?	
* Are you the application preparer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Is the application preparer the Point of Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Is application subject to review by Executive Order 12372 Process?	<input type="checkbox"/> Yes. This preapplication/application was made available to the Executive Order 12372 Process for review on:  _____ (MM-DD-YYYY e.g. 02-05-2003)  <input type="checkbox"/> No. Program is not covered by E.O. 12372 or program has not been selected by state for review
* Is the applicant delinquent on any Federal debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, type explanation:	
* Community (sub-applicant):	
* Is this a small, impoverished community?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information	
Point of Contact Information	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
* First Name	
Middle Initial	
* Last Name	
Title	
* Agency/Organization	
* Address 1	
Address 2	
* City	
* State	
* ZIP	
* Phone	
Fax	
* Email	
Alternate Point of Contact Information	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
First Name	
Middle Initial	
Last Name	
Title	
Agency/Organization	
Address 1	
Address 2	
City	
State	
ZIP	
Phone	
Fax	
Email	

* Community Information							
Please provide the name of each community that will benefit from this mitigation activity.							
County Code	Community Name	CID Number	CRS Community	CRS Rating	State Legislative District	US Congressional District	State

Mitigation Activity Information
* What type of activity are you proposing? <i>(Please choose activities from Appendix A below).</i>
* Title of your proposed activity(should include the type of activity and location):
If you would like to make any comments, please enter them below.
Attachments:

Scope of Work
* What are the goals and objectives of this activity?
* Briefly describe the need for this activity.

If you would like to make any comments, please enter them below.

Attachments (List all Attachments related to this Section):

Enter Work Schedule					
Description Of Task	Starting Point	Unit of Time	Duration	Unit of Time	Work Complete By
* Estimate the total duration of the proposed activity:			<input type="text"/> Day(s) <input type="text"/> Week(s) <input type="text"/> Month(s) <input type="text"/> Year(s)		

* Cost Estimate							
Item Name	Cost Classification	Grant Budget Class	Subgrant Budget Class	Unit Quantity	Unit of Measure	Unit Cost (\$)	Cost Estimate (\$)
* Total Cost Estimate\$							

Match Sources			
Total Cost Estimate			
Federal Share Percentage			
Non-Federal Share Percentage			
	Dollars	Percentage	
* Proposed Federal Share \$ %			
* Proposed Non-Federal Share \$ %			
* Matching Funds			
Source Agency	Name of Source Agency	Funding Type	Amount (\$)

(Local, Stes, etc.)		(cash, in-kind)	
Grand Total\$			
If you would like to make any comments, please enter them below.			
Attachments (List all Attachments related to this Section):			

Environmental/Historic Preservation Information	
* Is CATEX review applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why is CATEX review applicable?	
* Is CATEX review completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was CATEX review completed?	

Assurances and Certifications	
<b>Check (X) all that are included.</b>	
<input type="checkbox"/>	Part I: FEMA Form 20-16A, Assurances Non-Construction Programs or FEMA Form 20-16B, Assurances Construction Programs.
<input type="checkbox"/>	Part II: FEMA Form 20-16C, Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters; and Drug-Free Workplace Requirements.
<input type="checkbox"/>	Part III: SF-LLL, Disclosure of Lobbying Activities (Complete only if applying for a grant of more than \$100,000 and have lobbying activities using Non-Federal funds. See Form 20-16C for lobbying activities definition.)

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